01/07/2008 09:21

Image# 28990014482

# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

		For O	tner I nan Ai	1 Authorize	ea Commi	ttee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		EC MAILING LA PE OR PRINT		xample:If typi ver the lines	ng, type		• • • • •	]	
Ш	National Surgical Hospitals Ir	nc. PAC	; <u>                                     </u>							
Ш							1 1 1 1			
AD	DRESS (number and street)	30 S	South Wacker Dr	rive			1 1 1 1			
_	Observation of the state of the	Suite	te 2302	1 1 1 1					1 1 1 1	1
L	Check if different than previously reported. (ACC)	Chic	cago				LIL.	606	06   -	
2.	FEC IDENTIFICATION NUM	IBER	<b>~</b>	CITY 🛦			STATE	ZI	PCODE A	,
	C00435453			3. IS THIS REPOR	Т	NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b)	Monthly Report Due On:	Feb 20 (M2		May 20 (M5) Jun 20 (M6)	H	Aug 20 (M8) Sep 20 (M9)	Dec 2	20 (M12) Election
	(a) Quarterly Hoporto.			Apr 20 (M4	,	Jul 20 (M7)		Oct 20 (M10)	Year (	Only) 31 (YE)
	April 15 Quarterly Report(Q	1)		Apr 20 (WI	·/	001 20 (WI7)	٠ ' '	JCI 20 (W110)	Julia	,, (, L)
	July 15 Quarterly Report(Q		(c) 12-Day PRE-Elect	tion	Primary (1	2P)	Gene	ral (12G)	Runo	off (12R)
	October 15 Quarterly Report(Q		Report for	the:	Convention	n (12C)	Speci	al (12G)		
	X January 31 Quarterly Report(YI			Election on					n the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)		(d) 30-Day Post -Electric Report for		General (3	0G)	Runot	ff (30R)	Spec	ial (30S)
	Termination Report (TER)			Election on			• • •		n the State of	
5.	Covering Period 0 7	,	01 200	0 7	through	12	3 1	2007		
	ertify that I have examined this F			my knowledge	e and belief it	is true, correct	and comple	te.		
Тур	e or Print Name of Treasurer	БІУ	yan S. Fisher							
Sig	nature of Treasurer Electron	nically F	iled by Bryan	S. Fisher			Date C	0 7	200	8
NO	TE : Submission of false, error	neous, o	or incomplete info	ormation may s	ubject the pe	rson signing th	is Report to	the penalties of	2 U.S.C 43	7g.
	Office Use							ı	FORM 3X	(

FE6AN026

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name National Surgical Hospitals Inc. PAC	M D D Y " Y " W " Y	M
Report Covering the Period: From: 0.7		To: 12 31 2007
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1		0.00
(b) Cash on Hand at Begining of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	46175.00	46175.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46175.00	46175.00
7. Total Disbursements (from Line 31)	2500.00	2500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43675.00	43675.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY     the committee (Itemize all on     Schedule C and/or Schedule D)	0.00	
This Committee has qualified as a multicand	idate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
National Surgical Hospitals Inc. PAC

Report Covering the Period:

м м 0 7

From:

01

2007

Γο:

м м 1 2 <sup>D</sup> 3 1

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I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	41300.00	41300.00
(ii) Unitemized	875.00	875.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42175.00	42175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	4000.00	4000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	46175.00	46175.00
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)  6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	46175.00	46175.00
Total Federal Receipts     (subtract Line 18(c) from Line 19)	46175.00	46175.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

of Disbursements Page 4 COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date

21. Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii) and (b))   22. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees		
and Other Political Committees	2500.00	2500.00
24. Independent Expenditure	0.00	0.00
(use Schedule E)25. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
,	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
,,	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds		
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		
81. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	2500.00
, , -, -, , -(-),		
32. Total Federal Disbursements		
(ab.t.c.a.t.l.ina Od (a)(ii) a.c.d.l.ina OO(a)(ii)		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2500.00	2500.00

### **DETAILED SUMMARY PAGE**

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	46175.00	46175.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	46175.00	46175.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 30 (check only one)    X
Any information copied from or for commercial purposes  NAME OF COMMITTE  National Surgical Ho	, other than using the name and E (In Full)	may not be sold or used by any persol address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, N Eva-Marie Alexander	/iddle Initial)  7 E. Del Mar Blvd.		Date of Receipt  0 9 25 2007
City	State		Transaction ID: SA11AI.4187
Pasasdena FEC ID number of contrelederal political committee		91106	Amount of Each Receipt this Period 500.00
Name of Employer National Specialty Hosp als Receipt For: Primary Other (specify) ▼	Busin	ess Director of Operations gate Year-to-Date   500.00	
	) Medical Drive		Date of Receipt  1 0 3 0 2 0 0 7
Suite City	e 610 State	e Zip Code	1 0 3 0 2 0 0 7  Transaction ID: SA11AI.4243
San Antonio	TX	78229	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			500.00
Name of Employer Self	Occup Physic		
Receipt For: Primary Other (specify) ▼		gate Year-to-Date ▼ 500.00	
Full Name (Last, First, N Thomas Beaton	Middle Initial)		Date of Receipt
Mailing Address 750	N. Syringa 203		10 30 2007
City	State	'	Transaction ID: SA11AI.4260
Post Falls  FEC ID number of contribution federal political committee		83854	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occup Physic		
Receipt For:  Primary  Other (specify) ▼	General	gate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts 3	his Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he (check only one)
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
National Surgical Hospitals Inc. PAC		
Full Name (Last, First, Middle Initial) Robert R. Bell		Date of Receipt
Mailing Address 4780 Turtle Dove Cour		11 26 2007
City	State Zip Code	Transaction ID: SA11Al.4241
El Paso	TX 79922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500	0.00
Full Name (Last, First, Middle Initial) Joe Paul Bramhall	Date of Receipt	
Mailing Address 5026 Augusta Cir.	09 / 10 / Y Y Y Y	
City	State Zip Code	Transaction ID: SA11Al.4143
College Station	TX 77845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CTSM & O, Bryan Tx	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500	0.00
Full Name (Last, First, Middle Initial) Dr. Richard F. Bruch		Date of Receipt
Mailing Address 207 Pineview Rd.	0 9 2 5 2 0 0 7	
City	State Zip Code	Transaction ID: SA11AI.4163
<u>Durham</u>	NC 27707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Triangle Orthopaedic Asso- ciate	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)		1500.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 30 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Edmund T. Callahan Mailing Address 19210 Barrow Bay  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer National Surgical Hospitals Receipt For:  Primary General	State Zip Code TX 78258  C  Occupation CEO  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Eric F. Caporusso  Mailing Address 5833 Perth Drive		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Eau Claire FEC ID number of contributing federal political committee.	State Zip Code WI 54703	Transaction ID: SA11AI.4222  Amount of Each Receipt this Period  500.00
Name of Employer Chippewa Valley Foot and Ankle Receipt For:  Primary  General  Other (specify) ▼	Occupation Podiatrist  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Wesley Chick Mailing Address 5124 Scarborough La		Date of Receipt
City	State Zip Code	0 9 1 0 2 0 0 7 Transaction ID: SA11Al.4115
Dallas  FEC ID number of contributing federal political committee.	TX 75287	Amount of Each Receipt this Period  1000.00
Name of Employer National Surgical Hospita- Is	Occupation Vice President - Operations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/30 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions
National Surgical Hospitals Inc. PAC		
Full Name (Last, First, Middle Initial) Scott B. Clark		Date of Receipt
Mailing Address 731 Gateshead Dr.		09 25 2007
City Naperville	State Zip Code IL 60565	Transaction ID: SA11AI.4160  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer National Surgical Hospita-	Occupation Senior Vice President - General Cou	nse
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Stephen Crumbaugh		Date of Receipt
Mailing Address 1823 W Melrose St.		10 09 2007
City	State Zip Code	Transaction ID: SA11Al.4249
Chicago	IL 60657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	900.00
Name of Employer NSH	Occupation VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Roger C. Dunteman		Date of Receipt
Mailing Address 380 Ironwood Suite 202		09 25 YYYYY 2007
City Couer D Alene	State Zip Code ID 83814	Transaction ID: SA11AI.4183
FEC ID number of contributing	ID 83814	Amount of Each Receipt this Period 250.00
Mame of Employer	Occupation	
Self ,	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify) ▼	250.00	
		3150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 10 / 30   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAC			
Full Name (Last, First, Middle Initial) Stephen Endres			Date of Receipt
Mailing Address 615 Foxmoor Ln.			M M / D D / Y Y Y Y Y Y 1 1 0 3 0 2 0 0 7
City Eau Claire	State WI	Zip Code 54701	Transaction ID: SA11AI.4250
FEC ID number of contributing federal political committee.	C	34701	Amount of Each Receipt this Period  500.00
Name of Employer Pain Clinic of Northweste- rn WI	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) John M. Evans			Date of Receipt
Mailing Address 625 Shoreline Court	10 03 2007		
City Eau Claire	State W1	Zip Code 54703	Transaction ID: SA11AI.4234
FEC ID number of contributing federal political committee.	C	54705	Amount of Each Receipt this Period  500.00
Name of Employer Eau Claire Anesthesia Ltd	Occupation Anesthes		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Bryan S. Fisher			Date of Receipt
Mailing Address 30 South Wacker Drive Suite 2302			0 9 1 0 2 0 0 7
City Chicago	State IL	Zip Code 60606	Transaction ID: SA11AI.4114
FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period  2000.00
Name of Employer National Surgical Hospita- Is		e Vice President	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	]
SUBTOTAL of Receipts This Page (optional)			3000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (crieck offly offle)
Ar	for commercial purposes, other than using the	statements may not be sold or used by a name and address of any political col	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAC		
	Full Name (Last, First, Middle Initial) Ruthann A. Fitch Mailing Address 3359 W. 3800 S.		Date of Receipt
			09 25 2007
	City	State Zip Code	Transaction ID: SA11AI.4177
	Wellsville	UT 84339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Cache Valley Specialty Ho- spit	Occupation Director - HR	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	25	50.00
	Full Name (Last, First, Middle Initial) Michelle C Fortune	Date of Receipt	
	Mailing Address 4322 Spring Hill Dr.	09 / 10 / 7 7 7 7	
	City	State Zip Code	Transaction ID: SA11AI.4125
	College Station	TX 77845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer The Physician's Centre	Occupation CEO	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	50	00.00
	Full Name (Last, First, Middle Initial) Jeff Fowler		Date of Receipt
	Mailing Address 2986 Sinks Canyon R	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.4230
	Lander	WY 82520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	50	00.00
			1250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 12 / 30 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAC	atements may not be sold or us name and address of any politi	sed by any person cal committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Gallagher  Mailing Address 6321 Franklin Desert  City El Paso  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 79912  C Occupation		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer El Paso Specialty Hospital  Receipt For: Primary General Other (specify)	CEO Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial) Sylvia Garcia Mailing Address 14032 Cedar Canyon			Date of Receipt  1 0 0 9 2 0 0 7
City	State Zip Code		Transaction ID: SA11AI.4258
San Antonio	TX 78231		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer South Texas Spine and Sur- gical	Occupation CAO		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	250.00	
Full Name (Last, First, Middle Initial) David S. Geary			Date of Receipt
Mailing Address 259 West 1800 North			09 25 Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: SA11AI.4175
Logan	UT 84341		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Cache Valley Specialty Ho- spita	Occupation CFO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAC	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter W. Gilmer Mailing Address 3211 Moores Mill Roa City	State Zip Code	Date of Receipt  0 9 10 2007  Transaction ID: SA11AI.4107
Rougemont  FEC ID number of contributing federal political committee.	NC 27572	Amount of Each Receipt this Period  1000.00
Name of Employer Triangle Orthopaedics  Receipt For:  Primary General  Other (specify) ▼	Partner  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Gregg S. Gurwitz  Mailing Address 417 Tower Drive		Date of Receipt  1 0 1 7 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.4226
San Antonio  FEC ID number of contributing federal political committee.	TX 78232	Amount of Each Receipt this Period 500.00
Name of Employer Spine Clinic	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Elizabeth Hakal		Date of Receipt
Mailing Address 1040 East Shangri La	Rd.	0 9 / 2 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4156
Pheonix  FEC ID number of contributing federal political committee.	AZ 85020	Amount of Each Receipt this Period  500.00
Name of Employer Canyon Surgery Center	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	1	2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 30 (check only one)  X 11a 11b 11c 12 13 14 15 16  In for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAG	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stacy J. Hayes		Date of Receipt
Mailing Address 1237 N. Renee Ave.		0 9 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4139
Gilbert	AZ 85234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Arizona Spine & Joint Hos-	Occupation Chief Nursing Officer	
pital Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Rebecca N. Hingston		Date of Receipt
Mailing Address 4605 Rollingwood D	r.	09 10 2007
City	State Zip Code	Transaction ID: SA11AI.4127
<u>Durham</u>	NC 27713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer North Carolina Specialty Hospi	Occupation CNO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Peter Holm		Date of Receipt
Mailing Address 900 College Avenue	West	12 13 2007
City	State Zip Code	Transaction ID: SA11AI.4292
<u>Ladysmith</u>	WI 54848	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
		1000.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 15/30   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAC			
Full Name (Last, First, Middle Initial) Robert Hume			Date of Receipt
Mailing Address 935 N. Moonlight Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Altoona	State WI	Zip Code 54720	Transaction ID: SA11AI.4239  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	J4720	500.00
Name of Employer Self	Occupation Podiatris		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) James Iwakiri			Date of Receipt
Mailing Address 3228 Cherrywood Ln	1.		10 17 2007
City Eau Claire	State WI	Zip Code 54701	Transaction ID: SA11AI.4228  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34701	300.00
Name of Employer Western Wisconsin Urology	Occupation Urologist		
Receipt For: Primary General Other (specify)	<del></del>	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) John S. Jackson			Date of Receipt
Mailing Address 4843 Olmos St.			0 9 2 5 2 0 0 7
City El Paso	State TX	Zip Code 79922	Transaction ID: SA11AI.4165  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10022	500.00
Name of Employer EPOSG	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	<del>_ , ' _ · _ · </del>	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 30 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PA	С	
Full Name (Last, First, Middle Initial) Kimberly C. Jones Mailing Address 1252 Sumac Dr		Date of Receipt
	Olate 7's Olate	09 25 2007
City Logan	State Zip Code UT 84321	Transaction ID: SA11AI.4173  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cache Valley Specialty Ho- spita	Occupation Chief Nursing Officer	
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David W. Jordan		Date of Receipt
Mailing Address 1563 Culpepper Dr.		0 9 1 0 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4131
Naperville	IL 60540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer National Surgical Hospita- Is	Occupation Vice President - Information Systems	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David J Katz		Date of Receipt
Mailing Address 3722 Gold Ridge Ro	oad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4214
Eau Claire	WI 54701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	l)	1750.00
	ber only)	

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 30 (check only one)    X
or for co	rmation copied from such Reports and St mmercial purposes, other than using the IE OF COMMITTEE (In Full) onal Surgical Hospitals Inc. PAC	atements man name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Bern	Name (Last, First, Middle Initial) ard A. Ketelaar ng Address 507 Reliance Court	State	Zip Code	Date of Receipt    M
FEC	vego ID number of contributing all political committee.	C	60543	Amount of Each Receipt this Period 500.00
<u>ls</u>	e of Employer onal Surgical Hospita- eipt For: Primary General Other (specify)		n - Financial Operations e Year-to-Date ▼ 500.00	
David	Name (Last, First, Middle Initial) d J. Mansfield ng Address 5550 Cory Dr.			Date of Receipt  1 1 2 6 2 0 0 7
City EI P		State TX	Zip Code 79932	Transaction ID: SA11AI.4216  Amount of Each Receipt this Period
feder	ID number of contributing ral political committee.  e of Employer aso Specialty Hospital	Occupatio		1000.00
	oipt For: Primary General Other (specify) ▼	Physicial Aggregate	n e Year-to-Date ▼ 1000.00	
Gilbe	Name (Last, First, Middle Initial) ort Meadows ong Address 807 Contour Drive			Date of Receipt
City		State	Zip Code	1 0 1 7 2 0 0 7  Transaction ID: SA11AI.4224
FEC	Antonio  ID number of contributing ral political committee.	C	78212	Amount of Each Receipt this Period 500.00
Nam Spin	e of Employer e Clinic	Occupatio Physicia		
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTO	DTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 18/30   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PA		,,,	
Full Name (Last, First, Middle Initial) Robert A. Narotzky			Date of Receipt
Mailing Address P.O. Box 50670			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Casper	State WY	Zip Code 82605	Transaction ID: SA11AI.4286  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.2000	1000.00
Name of Employer Central Wyoming Neurosurg- ery	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Stephen W. Noltner			Date of Receipt
Mailing Address 3764 Timber Creek	Court		10 03 7 2007
City Eau Claire	Zip Code 54701	Transaction ID: SA11AI.4252	
FEC ID number of contributing federal political committee.	C	34701	Amount of Each Receipt this Period  250.00
Name of Employer Eau Claire Anesthesiologi- sts	Occupation Anesthes		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Adam Olscamp			Date of Receipt
Mailing Address 850 Ironwood Dr. Suite 202			0 9 1 0 2 0 0 7
City Coeur D Alene	State ID	Zip Code 83814	Transaction ID: SA11AI.4171  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)	<b>\</b>	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 19/30   (check only one)     X   11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PA		arooo or any ponioca committee to	COLOR CONTRIBUTION CONTRIBUTION
Full Name (Last, First, Middle Initial) Roger A. Olson			Date of Receipt
Mailing Address 396 North 300 East	i		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Providence	State UT	Zip Code 84332	Transaction ID: SA11AI.4141  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Cache Valley Specialty Hospita Receipt For: Primary General		n Therapist Admin e Year-to-Date ▼	1
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Raphael S. Orenstein	1 1		Date of Receipt
Mailing Address 103 Buckeye Lane			09 / 25 / 2007
City Chapel Hill	State NC	Zip Code 27516	Transaction ID: SA11AI.4169  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.0.0	500.00
Name of Employer Triangle Orthopaedics	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Thomas Peller			Date of Receipt
Mailing Address 3802 Timber Trails	Court		11 20 2007
City Eau Claire	State WI	Zip Code 54701	Transaction ID: SA11AI.4262  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Self	Occupation Physician		
Receipt For:  Primary  General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optiona	J(li	<b>\</b>	1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 30 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAG	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Randi L. Pisko			Date of Receipt
Mailing Address 203 Hogan Woods (	Circle State	Zip Code	0 9 25 20 0 7 2 0 0 7
Chapel Hill	NC	27516	Transaction ID: SA11AI.4193  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27010	500.00
Name of Employer North Carolina Specialty Hospi	Occupation	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Bernard D. Presutti			Date of Receipt
Mailing Address 2060 N. Oakley			09 10 2007
City	State	Zip Code	Transaction ID: SA11AI.4129
<u>Chicago</u>	IL	60647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer National Surgical Hospita- Is	Occupation Vice Pres	n sident - HR	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Tom L. Rees			Date of Receipt
Mailing Address 1167 East Windsor	Drive		09 25 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4179
River Heights	UT	84321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Cache Valley Specialty Hospita	<del>_ , ' _ · _ · </del>	Therapist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional	)		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 30 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAC	d Statements may not be sold or used by any persithe name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John G. Rex-Waller  Mailing Address 210 Broadway  City Wilmette	State Zip Code IL 60091	Date of Receipt    M M
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer National Surgical Hospita- Is Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation CEO & President  Aggregate Year-to-Date   2000.00	
Full Name (Last, First, Middle Initial) Charles E. Ribbe Mailing Address 6371 W. Linda Lane	,	Date of Receipt  0 9 1 0 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.4137
Chandler	AZ 85226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Arizona Spine & Joint Hos- pital	Occupation CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael J. Rice		Date of Receipt
Mailing Address 1721 Austin Ct.		09 10 7 2007
City	State Zip Code	Transaction ID: SA11Al.4133
Wheaton	IL 60187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer National Surgical Hospita- Is Receipt For:	Occupation Vice President - Development	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUPTOTAL of Possints This Page (entional	)	3250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 30 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAC			
۷.	Full Name (Last, First, Middle Initial) David L. Sappenfield			Date of Receipt
	Mailing Address 6 Pearse Wynd Road			10 30 7 2007
	City Bahama	State NC	Zip Code 27503	Transaction ID: SA11AI.4218  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2.000	500.00
	Name of Employer NC Eye, Ear, Nose & Throa- t, PA	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Kristin Lynn Schmidt Mailing Address 3131 E. Cottonwood L	n		Date of Receipt
				09 10 2007
	City Phoenix	State AZ	Zip Code 85048	Transaction ID: SA11AI.4135
	FEC ID number of contributing federal political committee.	C	03040	Amount of Each Receipt this Period 500.00
	Name of Employer Arizona Spine & Joint Hos- pital	Occupation CEO	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Donna Schoenfelder			Date of Receipt
	Mailing Address 1110 Oakridge Drive			10 30 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4264
	Eau Claire FEC ID number of contributing federal political committee.	C	54701	Amount of Each Receipt this Period  500.00
	Name of Employer Self	Occupation Physicia		
	Receipt For:  Primary  General  Other (specify)   ▼		e Year-to-Date ▼ 500.00	
Г				1500.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 30 (check only one)    X   11a
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Surgical Hospitals Inc. PAC	tatements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<u>s</u> N	Full Name (Last, First, Middle Initial) Saul Schreiber Mailing Address 6525 N. Central Ave.  City Phoenix	State AZ	Zip Code 85012	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F fe	EC ID number of contributing ederal political committee.	C		500.00
_	lame of Employer Desert Orthopedics & Rehab  Receipt For:  Primary  General  Other (specify) ▼		on dic Surgeon e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Charles Smith Mailing Address 130 Blackstone Ct.			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Ċ	City	State	Zip Code	Transaction ID: SA11AI.4191
<u> </u>	Auburn	CA	95603	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1000.00
N N Is	lame of Employer Vational Surgical Hospita- S	Occupatio Vice Pres		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
5	Full Name (Last, First, Middle Initial) Steve Smith  Mailing Address 11041 E. Nell Ave.	•		Date of Receipt
_		01-1-	7'- 0-1-	10 09 2007
	City Mesa	State <b>AZ</b>	Zip Code 85209	Transaction ID: SA11AI.4254  Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		500.00
<u> </u>	lame of Employer NSH	Occupatio CEO	n	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SIII	BTOTAL of Receipts This Page (optional)	1		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 30 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAC	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis D. Solheim  Mailing Address 905 Middleton Ln.  City Inverness  FEC ID number of contributing federal political committee.  Name of Employer National Surgical Hospita- Is	State Zip Code IL 60010  C Occupation Chief Development Officer	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Mike L. Staheli Mailing Address 7896 N. Hwy 91  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y  0 9 25 2007  Transaction ID: SA11AI.4181
Smithfield  FEC ID number of contributing federal political committee.  Name of Employer Cache Valley Specialty Hospita	C Occupation CEO	Amount of Each Receipt this Period  500.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mark C. Steinmetz  Mailing Address 16611 - 96th		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4236
Cheppewa Falls  FEC ID number of contributing federal political committee.	WI 54729	Amount of Each Receipt this Period  300.00
Name of Employer NW Rad One Assoc. S.C.	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
SUBTOTAL of Receipts This Page (optional)		2800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 30 (check only one)    X
A	for commercial purposes, other than using th	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. PAC		
	Full Name (Last, First, Middle Initial) Steve Stenzel	Date of Receipt	
	Mailing Address 3614 Pine Place		10 09 2007
	City Eau Claire	State Zip Code WI 54701	Transaction ID: SA11AI.4256  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 34701	500.00
	Name of Employer Stenzel Clinic for Women's Hea	Occupation Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Peggy S. Wellman		Date of Receipt
	Mailing Address 2399 Gillingham Cir.	09 10 7 2007	
	City	State Zip Code	Transaction ID: SA11AI.4148
	Thousand Oaks	CA 91362	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer National Surgical Hospital	Occupation Vice President - Operations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
	Full Name (Last, First, Middle Initial) William E. Wilson		Date of Receipt
	Mailing Address 1817 Patrick Henry La	ane	12 28 2007
	City	State Zip Code NC 27278	Transaction ID: SA11AI.4290
	Hillsborough FEC ID number of contributing federal political committee.	NC 27278	Amount of Each Receipt this Period 250.00
	Name of Employer North Carolina Specialty Hospi	Occupation CFO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ,	SURTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 26 / 30  (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Surgical Hospitals Inc. I	ing the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brent M Wogan		Date of Receipt
Mailing Address 3702 Timber Train	ils Court	1 1 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4213
Eau Claire	WI 54701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Evergreen Surgical	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Donna Worsham		Date of Receipt
Mailing Address 5940 Red Hill La	ne	0 9 2 5 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.4189
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer National Surgical Hospita- Is	Occupation Chief Operating Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Carollee Brinkman Young		Date of Receipt
Mailing Address 221 Albion St.		09 21 7 2007
City	State Zip Code	Transaction ID: SA11AI.4154
Denver	CO 30207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer National Surgical Hospita- Is	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (ontin	onal)	3500.00

TOTAL This Period (last page this line number only) .....

A.

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 27/30 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Surgical Hospitals Inc. PAC Full Name (Last, First, Middle Initial) Date of Receipt Gerardo Zavala Mailing Address 6 Sherborne Ln. 12 21 2007 City State Zip Code Transaction ID: SA11AI.4284 San Antonio TX 78257 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self Occupation Physician Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	41300.00

SCHEDULE A (FEC Form 3X	3		FOR LINE NUMBER: PAGE 28 / 30 (check only one)										
ITEMIZED RECEIPTS	• /	Use separate schedule(s) for each category of the											
		Detailed Summary Page	13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
National Surgical Hospitals Inc. PAG	С												
Full Name (Last, First, Middle Initial) TRIANGLE ORTHOPAEDIC ASSOCIATES P	'A POLITICAL ACT	ION COMMITTEE INC	Date of Receipt										
Mailing Address 120 WILLIAM PENN	N PLAZA		09 10 7 2007										
City	State	Zip Code	Transaction ID: SA11C.4112										
DURHAM	NC	27704	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	<b>C</b> C00	0418582	4000.00										
Name of Employer	Occupation	n											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General		4000.00	1										
Other (specify)		1000.00											

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	4000.00
TOTAL This Period (last page this line number only)	<b>•</b>	4000.00

ΙT		Use separate schedule(s)		Check only	: NUMBER: PAGE 29 / 30 yone)						
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, [	21b 27	22 28a	X 23 28b	24 28c	25 29	<u> </u>		
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)								s		
Z	National Surgical Hospitals Inc. PAC										
	Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONGRESS  Mailing Address PO Box 23273					Disburse		269 Ž 0 0	7 <sup>Y</sup>		
	City	State Zip Code			Amount	of Each	Disburse	ement this	Period		
	WACO Purpose of Disbursement	TX 76702						500.	00		
	Candidate Name CHET EDWARDS			egory/ ype							
	Office Sought:  X House Senate President State: TX District: 17	sement For: 2008 Primary X General Other (specify)	- <del>1</del>								
	Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS				Date of	Disburse	SB23.4	270 Y 200	Y		
	Mailing Address PO Box 14528				1 1	2	6	200			
	City San Antonio	State Zip Code TX 78214			Amount	of Each	Disburse	ement this			
	Purpose of Disbursement  Candidate Name CIRO D RODRIGUEZ			egory/ ype				300.	00		
	Office Sought:  X House Senate President State: TX District: 23	ement For: 2008 Primary X Genera Other (specify)	-1	<b>,</b>							
	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS				Date of	Disburse					
	,						ement	¥ 200	7 <sup>Y</sup>		
	JOHN SHADEGGS FRIENDS	State Zip Code AZ 85064			Date of	Disburse 2	ement 6				
	JOHN SHADEGGS FRIENDS  Mailing Address PO BOX 45444  City				Date of	Disburse 2	ement 6	Ý ŽOŎ	Period		
	JOHN SHADEGGS FRIENDS  Mailing Address PO BOX 45444  City Phoenix			egory/ ype	Date of	Disburse 2	ement 6	Y Y O O	Period		
	JOHN SHADEGGS FRIENDS  Mailing Address PO BOX 45444  City Phoenix Purpose of Disbursement  Candidate Name JOHN B. SHADEGG		Т		Date of	Disburse 2	ement 6	Y Y O O	Period		

	COUEDINE D /FFO Form OV														
	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				NUMBER: PAGE 30 / 30									
I	TEMIZED DISBURSEMENTS	for each category of the		(check or			<u> </u>					_	l or		<b>1</b> 26
		Detailed Summary Page		Н	21b 27	$\dashv$	22 28a	X	23 28b	H	24 28c	$\vdash$	25 29	$\vdash$	] 26   30b
Г	Any Information copied from such Reports and Stater	nents may not be sold or use	d by	any r		or		rnos		L sol				16	000
	or for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full)														
	National Surgical Hospitals Inc. PAC														
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion IE	): S	SB23.4	1209	)		
Α.	MICHAEL BURGESS FOR CONGRESS					Date of	of D	isburs	ser	ment					
							м 1 1	М	/ D	2 (	D /	Y	6 0 Š	7 <sup>Y</sup>	
	Mailing Address PO Box 2334	iling Address PO Box 2334									0		2 0 0	1	
	City	State Zip Code					Amou	int o	f Eac	h [	Disburs	emer	nt this	Peri	od
	Denton	TX 76202					-	-	-	-		-			
	Purpose of Disbursement			*							-		500.	00	
	Candidate Name MICHAEL C DR. BURGESS		c	atego Type											
	Senate President	ement For: 2008 Primary X General Other (specify)	•												
_	State: TX District: 26														
В.	Full Name (Last, First, Middle Initial) UDALL FOR US ALL					Transaction ID: SB23.4272 Date of Disbursement									
	Mailing Address PO Box 208					111 D 26 Y 2007									
	City Santa Fe	State Zip Code NM 87504					Amou	int o	f Eac	h [	Disburs	emer	-	-	od
	Purpose of Disbursement	ose of Disbursement						_	-		• •		500.	00	
	Candidate Name TOM UDALL		С	atego Type	- 1										
	Office Sought: House Disburs	ement For: 2008	-												
	χ Senate	Primary X General													
	President	Other (specify)													
	State: NM District: 03														

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	2500.00